<u>INSTRUCTIONS FOR COMPLETION OF FINANCIAL INVENTORY</u>

I. <u>Financial Inventory Purpose</u>
    The Financial Inventory (Form R-406) is used to gather pertinent job candidate financial data and to determine an expected level of job candidate financial participation for non-fee schedule services, based on economic need. The Financial Inventory includes information as to the annualized income data, as well as other financial or in-kind resources, which the job candidate may apply toward the cost(s) of service(s).

    The R-406 is not used when providing any non-fee schedule service for recipients of SSDI or SSI or when providing CRP, reader, interpreter, or personal assistance services to any job candidate.

    An exception approved by management is required whenever excluding the job candidate's contribution.

II. <u>Financial Inventory Form:</u>

    <u>Job Candidate Name</u>: Enter the job candidate's name.
    A. Income Data: The income data is intended to reflect the current income of the family. It is important to include gross wages as opposed to "take home pay". In the case of farm or business income, the figure is intended to reflect net income. In instances of farming or business income it will be necessary to estimate net income. That estimate will be based upon the previous year's record of income.

        Family income is defined as those who are responsible for the support of the job candidate. This may involve individuals who live in the same household or live in separate households.

        Frequently the income data will be provided on the basis of dollars per month or per year. When monthly amounts are provided, the information is to be multiplied by the appropriate figure in order to show it as an annual income. It is important to be as accurate as possible in assessing the current income of the job candidate and to annualize that income for the ensuing twelve-month period. If a job candidate had previously not had a substantial income to apply toward their rehabilitation plan, and then obtained a job, the new income may be considered for an exception since the job candidate may not be able to afford the "back to work" expenses.

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<u>Signature:</u> Have the job candidate sign and date. Parent or guardian if job candidate is a minor.

<u>Is this job candidate currently eligible for SSDI and/or SSI?</u> – If Yes is marked, discontinue form completion. A financial needs assessment is not needed.

B. To Be Completed By Agency Representative:
1. Add all annualized entries in item A. and put total here.
2. Enter the number of family members up to 8.
3. Enter the dollar amount established by the agency as the **Income Exclusion for up to 8 family members.** See Chart A.
4. Enter the number of family members beyond 8.
5. Multiply the number of additional family members in #4 by the dollar amount for each additional member (Chart A).
6. Add lines 3 and 5 for the total exclusion.
7. Subtract line B.6. from line B.1. - Enter the number, but not less than zero. This is the **Applicable Income** and **Yearly Maximum**.
8. Enter the percent (%) from the Chart B which corresponds to the Applicable Income figure determined in B.3. This is the percent of each item that the job candidate is responsible for, up to the Yearly Maximum.

Chart A

Exclusion Amounts:

Family	Amount Excluded
1	20,108
2	27,143
3	34,178
4	41,123
5	48,248
6	55,283
7	62,318
8	69,353
Each additional	6,000

A fillable form is also available on the IVRS Intranet.

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Chart B

If the applicable income is:	Participation in cost is:
001- 4,999	5%
5,000 - 9,999	10%
10,000 - 14,999	15%
15,000 – 19,999	20%
20,000 – 24,999	25%
25,000 – 29,999	30%
30,000 – 34,999	35%
35,000 – 39,999	40%
40,000 – 44,999	45%
45,000- 49,999	50%
50,000 – 59,999	55%
60,000 – 69,999	60%
70,000 – 79,999	65%
80,000 – 89,999	70%
90,000 – 99,999	75%
Over 100,000	80%

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FINANCIAL INVENTORY

Job Candidate's Name: _____ IVRS Representative: _____

A. Please list your family income in the following areas. If there is not any income in an area, please leave blank. IVRS defines "family" as individuals related by blood, marriage, or who reside together as partners."

1. Family wages (gross) _____ per month OR _____ per year
2. Farm or business income (net) _____ per month OR _____ per year
3. Pension or Retirement benefits _____ per month OR _____ per year
4. Worker's Compensation _____ per month OR _____ per year
5. Insurance benefits (including any family member's SSDI benefits) _____ per month OR _____ per year
6. Interest or Dividends _____ per month OR _____ per year
7. Child support received _____ per month OR _____ per year
8. Job candidate SSDI _____ per month OR _____ per year
9. Job candidate SSI _____ per month OR _____ per year
10. TANF _____ per month OR _____ per year
11. General Assistance _____ per month OR _____ per year
12. Other _____ per month OR _____ per year

(Add all entries. Multiply by 12 if listed monthly to get annual figure.)

TOTAL **Annual Income** _____

I hereby certify that the above is an accurate representation of my income, and I will provide documentation to support the above information if requested to do so. I agree to notify IVRS if my financial condition changes materially.

_____   _____
Signature   Date

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<u>PARTICIPATION WORKSHEET</u>

Is this job candidate currently eligible for SSDI and/or SSI? ___ No ___ Yes (no participation required, unless required by agency fee schedules).

CRP, reader, interpreter, and personal assistance services are provided without regard to need.

B. To Be Completed by Agency Rep:
1. Total **Annual Income**   _____
2. Number in Family   _____
3. **Income Exclusion** (Chart A)   _____
4. # of Additional Family Members beyond 8   _____
5. Additional Income Exclusion beyond 8 in family   _____
6. Total Exclusion   _____
7. Equals **Applicable Income***   _____
8. Percent appropriate to **Applicable Income** (Chart B)   _____

*****Applicable Income** amount equals the **yearly maximum** a job candidate may be expected to contribute annually towards service costs.

Chart A

Exclusion Amounts:

Family	Amount Excluded
1	20,108
2	27,143
3	34,178
4	41,123
5	48,248
6	55,283
7	62318
8	69,353
Each additional	6,000

Chart B

If the applicable income is:	Participation in cost is:
001 - 4,999	5%
5,000 - 9,999	10%
10,000 - 14,999	15%
15,000 - 19,999	20%
20,000 - 24,999	25%
25,000 - 29,999	30%
30,000 - 34,999	35%
35,000 - 39,999	40%
40,000 - 44,999	45%
45,000 - 49,999	50%
50,000 - 59,999	55%
60,000 - 69,999	60%
70,000 – 79,999	65%
80,000 – 89,999	70%
90,000 – 99,999	75%
Over 100,000 80%	

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